



State of Arizona  
Department of Education

Tom Horne  
Superintendent of  
Public Instruction

**SPED 04-06**

M E M O R A N D U M

February 6, 2004

**TO: Certified Surrogate Parents**

**FROM:** Mary Mitchell  
Surrogate Parent Program Coordinator  
Exceptional Student Services

Laura J. Gelardo  
Surrogate Parent Program Assistant  
Exceptional Student Services

Joanne Phillips  
Deputy Associate Superintendent  
Exceptional Student Services

**RE: Children who need a Surrogate Parent:**

The Arizona Department of Education/Surrogate Parent Program is gathering information on the children whom you serve as a surrogate parent. We are creating a database that will contain your name as the surrogate parent, the child's name, age, grade level, and special education disability category. To ensure the confidentiality of the child, we ask that you do not include a return address on the envelope. Thank you for your cooperation in this matter.

Surrogate Parent's name(s) \_\_\_\_\_

Child's name \_\_\_\_\_

Age \_\_\_\_\_ Grade Level \_\_\_\_\_

Disability Category \_\_\_\_\_

School District/ Charter Holder \_\_\_\_\_

Physical school child attends \_\_\_\_\_

Reason why child needs a Surrogate Parent (Please check one):

- ☐ No parent can be identified
- ☐ The whereabouts of a parent is unknown
- ☐ The child is a ward of the state

Surrogate Parent's e-mail address \_\_\_\_\_